

**OFFICIAL  
FILE COPY**

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 0 0 4

2. STATE:

Idaho

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

February 15, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Chapter IV Part 447 Subparts B&C

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 0  
b. FFY 2001 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19D Page 36  
(As submitted in TN 99-007) "P & I"

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19D Page 36  
(As submitted in TN 99-007) "P & I"

10. SUBJECT OF AMENDMENT:

Addition of Special Rates to ICF/MR reimbursement

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Joseph R. Brunson*

13. TYPED NAME:

JOSEPH R. BRUNSON

14. TITLE:

ADMINISTRATOR

15. DATE SUBMITTED:

3/29/00

16. RETURN TO:

JOSEPH R. BRUNSON, ADMINISTRATOR  
DEPT. OF HEALTH & WELFARE  
DIVISION OF MEDICAID  
PO BOX 83720  
BOISE ID 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MAR 30 2000

18. DATE APPROVED:

JANUARY 22 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

February 15, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

*Teresa L. Trimble*

21. TYPED NAME:

Teresa L. Trimble

22. TITLE:

Associate Regional Administrator

23. REMARKS:

3/29/00 Boise  
(DATE) (CITY/STATE)

"P & I" changes were authorized by the State.

03. **Cost Increases Greater Than Three Percent.** Cost increases greater than three percent (3%) of the projected interim rate which result from disasters such as fire, flood, or earthquake, epidemic or similar unusual and unpredictable circumstances over which a provider has no control. In such case, prospective rates will be increased and will not be subject to the cap, by the amount which actual inflation indices exceeded projected inflation indices and may be retrospectively adjusted by the Department for purposes of this Subsection. Disaster does not include personal or financial problems. (7-1-97)

"P & I"

04. **Decreases.** In the event of state or federal law, rule, or Policy changes which result in clearly identifiable reductions in required services, the Department may reduce the prospective rate to reflect the identified per diem amount related to such reductions. (7-1-97)

05. **Prospective Negotiated Rates.** Notwithstanding the provisions of Sections 240 through 246, the Director shall have the authority to negotiate prospective rates for providers who would otherwise be subject to accept retrospective settlement. Such rates shall not exceed the projected allowable rate that would otherwise be reimbursed based on provisions of this chapter. (7-1-97)

#### 248. SPECIAL RATES FOR ICF'S/MR

Section 56-117, Idaho Code, provides authority for the Director to pay facilities a special rate for care given to consumers who have long term care needs beyond the normal scope of facility services. These individuals must have one or more of the following behavior needs; additional personnel for supervision, additional behavior management, or additional psychiatric or pharmacology services. A special rate may also be given to consumers having medical needs that may include but are not limited to individuals needing ventilator assistance, certain medical pediatric needs, or individuals requiring nasogastric or intravenous feeding devices. These medical and behavior needs are not adequately reflected in the rates calculated pursuant to the principles set forth in Section 56-113, Idaho Code. The payment for such specialized care will be based on a per diem rate applicable to the incremental additional costs incurred by the facility. Payment for special rates will start with approval by the Department and be and reviewed at least yearly for continued need. The incremental cost to a facility that exceeds the rate for services provided pursuant to the provisions of Section 248, will be excluded from the computation of payments or rates under other provisions of Section 56-102, Idaho Code, and IDAPA 16.03.10, "Rules Governing Medicaid Provider Reimbursement". (2-15-00)T

01. **Determinations.** A determination to approve or not approve a special rate will be made on a consumer-by-consumer basis. No rate will be allowed if reimbursement for these needs is available from a non-Medicaid source.(2-15-00)T

02. **Approval.** Special Rates will not be paid unless prior authorized by the Department. A special rate may be used in the following circumstances: (2-15-00)T

a. **New admissions to a community ICF/MR,** (2-15-00)T

b. **For individuals currently living in a community ICF/MR when there has been a significant change in condition not reflected in the current rate, or** (2-15-00)T

c. **The Facility has altered services to achieve and maintain compliance with State Licensing or Federal certification requirements that have resulted in additional cost to the facility not reflected in their current rate.** (2-15-00)T

d. **For the purpose of this rule, an emergency exists when the facility must incur additional behavioral or medical costs to prevent a restrictive placement.** (2-15-00)T

03. **Reporting.** Costs equivalent to payments at the special rate will be removed from the cost components subject to limits, and will be reported separately. (2-15-00)T

04. **Limitations.** The reimbursement rate paid will not exceed the provider's charges to other patients for similar services. (2-15-00)T

#### 249. RESERVED

TN#: 00-004  
Supersedes TN#: 99-07

Date Approved: January 22, 2001  
Effective Date: February 15, 2000